INVESTIGATING AGENCY CODE NUMBER	<u></u>		OF MAIN	<u> </u>		T.127 APR.128		
DATE MONTH OF	DAY YEAR	DAY OF WEEK	ייז	ME TH	AE REPORTED	TIME ARRIVED		
ACCIDENT					CODE NUME	EA B	COUNTY	H17
ON	OR NAME OF STREET OR I	HIGHWAY	OT AO YTIC	WN.	CODE 101	"		AND RUN
BETWEEN NODE N	DISTAN	E FROM SCENE	TO NUI	MBER	MILES AN	D TENTHS TO LAND	MARK	w N E
AT TOTAL		ILES THITHS						S CIRCLE ONE
				LINIT	NO. 2 -	□ven 2 □	PED BIKE	
UNIT NO.	I - VEHICLE 1	TOTAL UNITS IN		-	ENSE NUMBER		<u> </u>	STATE
DHIVEN 2 CICEMSE HOWDE.								
LAST NAME	FIRST NAME	MIDOLE	۵	LAST NAME	=	FIRST NA	ME	MIDDLE
			R	NUMBER AN	A 078567			
NUMBER AND STREET			11	NUMBERAN	DSIMEE			
CITY	STATE	CODE NUM	V P	CITY		STATE	<u> </u>	CODE NUMBE
G.17								PERM CLASS
DATE OF BIRTH	SEX LICENSE STATUS	REST/PERM CLAS	5 1	DATE OF BIF	RTH .		ENSESTATUS MEST	PERM CLASS
	ASPN			LAST NAME	OWNER 2		ST NAME	MIDDLE
LAST NAME - OWNER 1	FIRST NAME	MIDOLE	0	LAST NAME	CAVINER 2			
			w	NUMBER AN	O STREET			
NUMBER AND STREET			N					
CITY	STATE		E	CITY			STATE	
	YEAR AND MAKE	cou	P	VEHICLE TY	PE	YEAR AND M	AXE	COLOR
VEHICLE TYPE	TEAH AND MAKE	332	Ę					
LICENSE PLATE NUMBER	YEAR ISSU	E STATE NO OC		LICENSE PLA	ATE NUMBER	YEAR	ISSUE STAT	E NO OCCI
			È		NTIFICATION NO.			
VEHICLE IDENTIFICATION NO.				INSURANCE O				
INSURANCE CO.				POLICY NO.				
POUCY NO.	I TOWED BY:			3	3	Tow	ED BY:	
9 100	i iowea Br	•	- 7	T (X	9 TOP	-), ; -		3
10 BOTTOM 6	DAMAGE CODES	DAMAGE ESTIMA		3		O ST DAMA	GÉ CODES	DAMAGE ESTIMAT
		NDICATE		ESCRIP	TION:			
		BY ARROW	7L			<u>,</u>		
				·				
								
								-
				ULANCE COOES				
TOTAL NUMBER OF PERSONS INVOL	VED	1 3 1 <u>2 . 1 1 1 </u>	OWN PRO	VER OF DAMAGI	THAN VEH	***		
NAMES OF ALL PERSONS INVOLVE	ED IDRIVERS PASSENGERS	WITNESSES PEDESTRIA	NSI	25	26 27	28 29	30 31	32 33 34
								
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						+ + -		- - -
				1 1)			1 1
								-

IN City or Town	Month Day Year	Unit number	FOR D. P. S. USE ONLY
	<u> </u>		
Number of Highway	Or - Name of Street or Highway		
and and			STATE OF MAINE
Driver name			ACCIDENT SUPPLEMENT FORM 1393 REV. (4-96) POLICE TRAFFIC ACCIDENT REPORT
Driver license number			
Vehicle ID number			CONFIDENTIAL IF SO MARKED
Vehicle license state Vehic	le plate number		
U.S.DOT#	ICC# M C -		Interstate Carrier: (Y/N)
Carrier Name:			Source of Carrier Name
			1. Side of vehicle 2. Shipping papers 3. Driver
City,State,Zip code:			4. Log book
	sically Divided - Two way Traffic Highway, median strip, w/o traffic ba		livided Highway, median strip, w/traffic barrier ne way traffic
Traffic Access: 1. No control -	unlimited access 2. Full co	ontrol - only ramp ent	ry and exit 3. Other
Cargo body type: 1 Bus (seat 2 Van/close 3 Cargo tan		8 Garba	transporter Vehicle code gge/refuse (SEE codes other side) e/modular home 10 Other
COMBINED Gross Vehicle Weight Rating/	From Mfg. Specs: (to nearest thousand)	Registered GVW (to neares	Boosted registration GVW (to nearest thousand)
Hazardous Material Involvement Placarded	(Y/N) (If yes, complete I,	2 and 3)	
1. Was HAZMAT Cargo Released	(Y/N) (not including the engin	ne fuel tank) Ho	ow Transported: T = Tank/Bulk P = Package
2. Four digit number from placard	and name:		
3. HAZMAT CLASS:	(From bottom of placard) IF ON	E DIGIT ONLY, E	NTER IN FIRST BOX
Sequence of events: First event (Enter in boxes in order of occurr	*Second event ance)	*Third even	t *Fourth event eccessary-*
02 Jackknife 06 03 Overturned (rollover) 07	Explosion or fire 1 Separation of units 1	9 Collision w/M 0 Collision w/pa 1 Collision w/tra 2 Collision w/pe	rked MV 14 Collision w/fixed object ain 15 Collision w/other object
Cargo code: 1 = Unloaded 2 = F	Partially loaded 3 = Loaded	(Enter one	code only)
Commodity Code: (cargo carried (SEE codes other side)	d) and name:		
Length: (to nearest foot): Overall	Trailer length		
Distance (to nearest foot) Center of fr	ont axle to center of rearmost	axle:	
Distance (to nearest foot) Center of re	ear drive axle to center of rear	most axle:	
Oversize permit (Enter 'Y' in all appr	ropriate boxes): Weight	Length	Height Width

VEHICLE	AXLE CONFIGURATION	DESCRIPTION
6		PICKUP / VAN GVW OF 10,001 LBS OR GREATER
10		TRUCK TRACTOR ONLY (BOB TAIL)
12		SCHOOL BUS
20		2 AXLE SINGLE UNIT WITH DUAL TIRES
21		2 AXLE TRACTOR WITH SINGLE AXLE SEMI
22		2 AXLE TRACTOR WITH TANDEM AXLE SEMI
25		2 AXLE TRACTOR WITH SINGLE AXLE SEMI AND 2 AXLE TRAILER
30		3 AXLE SINGLE UNIT
31	.	3 AXLE TRACTOR WITH SINGLE AXLE SEMI
32		3 AXLE TRACTOR WITH TANDEM AXLE SEMI
33		3 AXLE TRACTOR WITH TRIDEM AXLE SEMI
35		3 AXLE TRACTOR WITH SINGLE AXLE SEMI AND 2 AXLE TRAILER
36		3 AXLE TRACTOR WITH TANDEM AXLE SEMI AND 2 AXLE TRAILER
40		4 AXLE SINGLE UNIT
42		4 AXLE TRACTOR WITH TANDEM AXLE SEMI
	ANY OTHER AXLE CONFIGURATION	ANY TRUCK NOT DESCRIBED ABOVE
81		2 AXLE COMMERCIAL BUS
82		3 AXLE COMMERCIAL BUS

COMMODITY CODES

- A General freight B Household goods
- C Metal: Sheets, Coils, Rolls
- D Motor vehicles
- E Driveaway/Towaway
 F Forest products

- G Building materials
 H Mobile homes
 I Machinery, large objects
- J Fresh produce K Liquids/gases in cargo tank
- L Intermodal
- M Passengers
- N Oil field equipment
- O Livestock
- P Grain, feed, hay
- Q Coal/coke R Meat
- S Garbage, refuse, trash T U.S. Mail U Chemicals

- V Commodities, dry bulk
- W Refrigerated foods
 X Beverage
 Y Paper products
 Z other

HAZARDOUS MATERIAL CLASSES

- 1 Explosives
- Gas
 Flammable & combustible liquid
- 4 Flammable solid
- 5 Oxidizer
- 6 Poisonous material
- 7 Radioactive
- 8 Corrosive material
- 9 Miscellaneous hazard material

	æ	City or Town		Month	Date	Year
1	4BER	IN				19
	Ŝ	Number of Highway	OrNa	me of Street or	Highway	
	Þ	ON and				
_z¥	CIDE	Driver—Name				
MRITE WHITE SI	¥	Driver—Name	·			

State of Maine

Supplement to

POLICE TRAFFIC ACCIDENT REPORT

Confidential if so Marked

						Confidential if so Marked								
Names of ALL Persons Involved (Drivers, Passengers, Witnesses, Pedestrians)	25	26	27	28	29	30	31	32	33	34				
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